

MEDICARE SUPPLEMENT COVERAGE  
FOR PEOPLE 50 AND OLDER AND UNDER 65  
ON MEDICARE DUE TO DISABILITY

STATE OF NEW JERSEY  
STATE HEALTH INSURANCE  
ASSISTANCE PROGRAM  
S.H.I.P.  
DEPT. OF HEALTH & SR. SERVICES  
JANUARY 2005

COMPANY	PLAN INFORMATION					MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
						PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PLANS				
NAME	PLAN	* MONTHLY PREMIUM	** COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	SOLD TO PERSONS 50 AND OVER AND UNDER 65	\$912 DEDUCT. (2005)	\$228 COPAY FOR DAYS 61-90 (2005)	\$456 COPAY FOR DAYS 91-150 (2005)	100% AFTER 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$114.00 COPAY FOR DAYS 21-100 (2005)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$110 ANNUAL DEDUCT. (2005)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
AARP/UNITED HEALTHCARE 1-800-523-5800	C	154.75	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
AMERICAN PROGRESSIVE LIFE & HEALTH 1-800-645-4116	C	FNS 129.88 FS 149.35 MNS 142.89 MS 164.31	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
BANKERS LIFE AND CASUALTY 1-888-282-8252	C	151.22	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
HORIZON BC/BS OF NJ 1-800-224-1234	C	176.83	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
LINCOLN HERITAGE LIFE 1-800-438-7180	C	F 142.57 M 163.91	Yes	None	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
MUTUAL OF OMAHA 1-800-775-6000	A	FNS 79.49 FS 85.93 MNS 91.37 MS 98.78	Yes	3 mos.	Yes		Yes	Yes	Yes					Yes		Yes				
	C	FNS 143.33 FS 154.96 MNS 164.75 MS 178.11	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
PENNSYLVANIA LIFE 1-888-802-9497	C	FNS 130.13 FS 150.25 MNS 143.73 MS 165.85	Yes	3 mos.	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			

FNS = FEMALE NON-SMOKER    FS = FEMALE SMOKER    MNS = MALE NON-SMOKER    MS = MALE SMOKER    NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

\*    PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 (AMERICAN PROGRESSIVE), \$20 (LINCOLN HERITAGE) OR \$25 (PENNSYLVANIA LIFE)    POLICY FEE.

\*\*    APPLICANTS CANNOT BE TURNED DOWN FOR COVERAGE DURING THE FIRST SIX (6) MONTHS OF ENROLLMENT IN MEDICARE PART B (OPEN ENROLLMENT). APPLICANTS WHO HAVE HAD MEDICARE PART B FOR MORE THAN SIX (6) MONTHS MAY BE DENIED COVERAGE, UNLESS THEY ARE IN A *GUARANTEE ISSUE* SITUATION (SEE ***GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE***). NOTE: ALL DISABLED AND KIDNEY FAILURE BENEFICIARIES WILL HAVE A NEW SIX (6) MONTH OPEN ENROLLMENT PERIOD BEGINNING WITH THE MONTH THEY TURN 65 AND HAVE PART B OF MEDICARE DURING WHICH TIME THEY CAN PURCHASE ANY MEDICARE SUPPLEMENT PLAN OF THEIR CHOICE BEING SOLD BY THE INSURANCE COMPANY.

\*\*\* COMPANIES MAY EXCLUDE BENEFITS FOR PRE-EXISTING CONDITIONS DURING THE FIRST THREE (3) MONTHS FROM THE EFFECTIVE DATE OF COVERAGE. THE PRE-EXISTING MEDICAL CONDITION WAITING PERIOD SHALL NOT APPLY FOR A CONDITION COVERED, FOR AT LEAST THREE (3) MONTHS, UNDER A PRIOR HEALTH BENEFITS POLICY WITH NO INTERVENING LAPSE IN COVERAGE.

(This information may also be found on our web site at [www.state.nj.us/health/senior/ship.shtml](http://www.state.nj.us/health/senior/ship.shtml))